

Original communication

Physical methods of torture and their sequelae: a Sri Lankan perspective

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Abstract

Methods of torture vary from country to country and sometimes within regions in the same country. Knowing torture methods used in a country or region assists in evaluating injuries, scars and other chronic sequelae of torture. Medical records of 100 victims of torture examined between 1998 and 2001 in the Judicial Medical Officer's Office in Colombo, Sri Lanka, were perused to gather data on torture methods used in Sri Lanka during that period. Altogether 68 methods of torture had been used on these victims. They included assault with blunt and sharp weapons, burns with lighted cigarettes, 'dry submarino', kicking, 'wet submarino', 'hanging', electric torture, 'falaka' and many more. However, only 18% of victims had any physical residual effects, highlighting the typical objective of torture, which is inflicting maximum pain without causing serious injury or death.

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1. Introduction

Torture is not a wanton display of anger. It is executed systematically to cause maximum suffering to the victim without causing death or severe disability. To achieve this objective the torturers have invented a wide range of methods. Some of these methods like 'falaka' and 'submarino' are well known. Though their popularity may vary from place to place they are being used for torture by different groups despite their many other differences. However, there are other methods improvised ad hoc by the torturers using things available at the vicinity. These methods can vary not only from country to country but also from one region to the other within the same country.

The forensic physician, who is requested to examine a torture victim, needs to understand the methods of torture used in a particular country or region to evaluate their

physical sequelae with confidence. There is no doubt that fearlessness, independence and honesty are good qualities of a doctor engaged in medico-legal work. But they are not enough to fight against this awesome social evil. They should be knowledgeable and skilful in dealing with torture as their presentation can be very complex.¹ Systematic and scientific documentation of torture is a step towards improving their knowledge. In addition, such documentation of torture makes it possible for the human rights activists to take the perpetrators of torture to justice both at the national and international level.²

2. Methodology

This is a retrospective study done on the case records of 100 torture victims who were examined in the Office of the Judicial Medical Officer in Colombo during the period between 1998 and 2001. The definition of torture adopted by United Nations Convention against Torture was used in this study. All the victims had been arrested mainly from the northern and eastern provinces of the country on

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charges of terrorism under the Prevention of Terrorism (Temporary Provisions) Act No. 48 of 1979 (PTA) and kept in army camps and police stations for extended periods of time ranging from months to years. The objective of this study was to describe in a medico-legal perspective the physical methods of torture seen in Sri Lanka.

3. Results

3.1. Sex and age distribution (Fig. 1)

Eighty-nine percent were male and 11% were female. Forty percent of the victims were between 21 to 25 years. Eighty-four percent were between 16 and 35 years of age. The youngest person in this group was just 16 years of age whereas the oldest person was 61 years. Only 9% were above 40 years.

3.2. Interval between the torture and the examination (Fig. 2)

Since no victim could remember the exact date or dates of torture, interval between the torture and examination could not be calculated accurately. However, all the victims claimed that they were tortured within the first few days of detention. Therefore, it was assumed that the interval between date of arrest and examination was more or less equal to the interval between the torture and examination.

3.3. Authority requesting medico-legal examination

All the victims were sent for medico-legal examination directly from the prison, where they were held in detention. Eight percent of them had been referred by the Supreme Court. Sixty-three percent of them by the High Court and the rest by the Magistrates' courts.

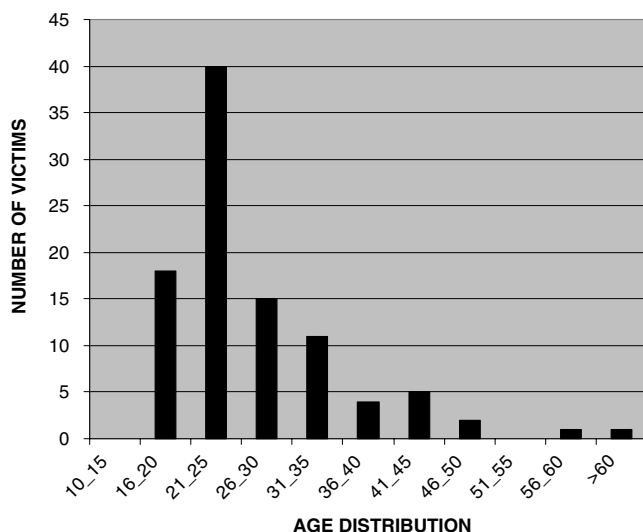


Fig. 1. Distribution of the age of the victims.

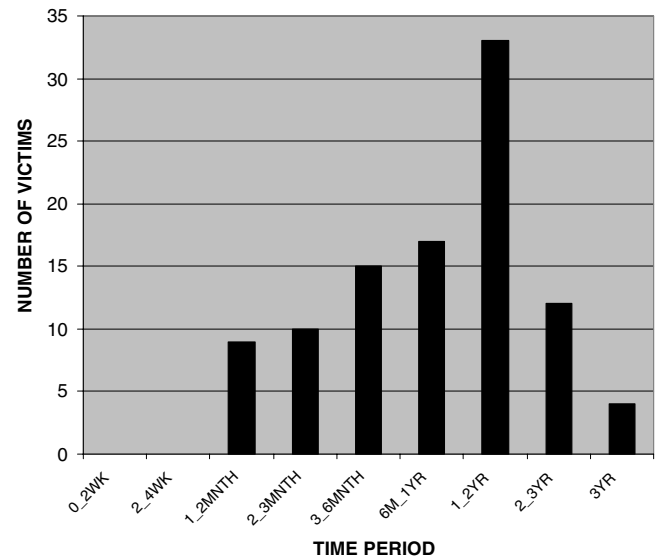


Fig. 2. Interval between the torture and the examination.

3.4. Torture methods

Sixty-eight methods of torture had been used on these victims.

Non-pliable blunt weapons were used on 95% of them. The variety of weapons ranged from broom sticks, wicket stumps, chair and table legs, wooden sticks, iron rods, police batons to PVC pipes (locally called 'S' lone pipes) filled with sand or cement.

Lighted cigarette was used to burn 57% of the victims.

"Petrol Bag" torture was given to 45%. This is a plastic shopping bag containing small amount of petrol, which is put over the head and face and kept closed around the neck. It is held tightly until the victim is partially asphyxiated. Usually, this is repeated several times until the victim is exhausted.

Pliable blunt weapons were used on 42%. The variety of these weapons ranged from hose pipes, metal cables, wires, belts, canes, coir ropes and 'dried bull's penis'.

Twenty-seven percent had been kicked on the body with shod feet.

Twenty-four percent had been forcefully submerged in water tanks, which were kept for the use of perpetrators, until they were partially drowned. However, no water from commodes or any other polluted place was used for this purpose.

Knives and razor blades were used to inflict cuts on 21%.

Twenty percent of the victims had been punched on the body.

Handcuffs or ligatures were applied around the ankles in 16% but they were not hung.

Fourteen percent had been sprinkled with chilly powder on their eyes.

Soles of 13% of victims were assaulted using blunt weapons like batons and cricket stumps, so-called "falaka".

Twelve percent had been assaulted on the head with a book.

Eleven percent had been burned with heated objects. However, no body had identified the object as they were blind folded.

Ten percent had been tortured with metal wires, which were used to scrape the skin while being interrogated.

Ten percent had been burned with molten hot liquid polythene. A plastic bag is lighted and held over for the molten polythene to fall on the skin.

Various types of “hanging” were applied. Eight percent were hung from thumbs tied in the front of the body. Six percent were hung from thumbs tied in the back of the body. Eleven percent were hung from wrists tied or handcuffed in the front of the body. Seven percent were hung from the wrists tied or handcuffed on the back of the body, which is called “Palestinian hanging”. Twelve percent were hung either from tied big toes or ankles. Sixteen percent were subjected to a kind of suspension, known as “Dharmachakra” or ‘the chicken’. The victim’s wrists and ankles are tied together with a rope and a wooden pole is inserted between the back of the knees and front of the elbows. Then the victim is assaulted while revolving him or her around the pole, which is kept horizontal on two tables.

Electric torture was given to 8% of victims.

Nine percent had been dragged along the floor while being tortured.

Testicles of 8% had been squeezed with hands. Testicles were put into a drawer and closed in 3%. In 5% chilly powder was sprinkled on the penis and scrotum. Foreign bodies had been inserted in the rectum in 5% victims and all of them were males. A bottle was inserted into the vagina of one victim but it was failed as she had imperforated hymen. In 3% metallic foreign bodies had been inserted into the urethra and all of them were males. In 5% ears had been slapped with force. In 2% a pen had been forcefully inserted into an ear. In 4% fingers were assaulted after placing them on a table. In 4% the victims were forced to kneel down for a long period. Nails had been driven in the skin in 4%. In another 4% the skin was pinched with pair of pliers. In 5% both finger and toe nails were removed using pliers and scissors. In 3% pins were inserted into the nail beds.

The following methods were used only once:

1. Burned with boiling water.
2. Fingers were stapled using a stapler.
3. Burned with mosquito coils.
4. Penis was inserted in a pipe and twisted.
5. Big toes were crushed under a table leg.
6. Penis was squeezed between pens.
7. Penis pinched with pair of pliers.
8. Genitals were assaulted with pipes.
9. Penis and scrotum were bitten.
10. Suspended from feet and lowered slowly to a bonfire.
11. A local brand of methyl salicylate cream was applied on the glans penis.
12. Forced into a bag full of dried chillis.

13. Burned with lighted firewood.
14. Burned with a lighter.
15. Diesel sprinkled on the eyes.
16. Chili powder inserted into the rectum via a pipe.
17. Forced to drink water from a toilet.
18. Neck was squeezed for a long period.
19. Fingers were hyper-extended after putting them in a bottle.
20. Fired at using a T 56 rifle.
21. A bottle was inserted to vagina.
22. Attempted rape of a female victim.

3.5. Number of torture methods used on each victim (Fig. 3)

Eighty percent of the victims were tortured with 3–10 methods. Thirty percent of the victims were tortured with 5–6 methods. A single victim had been tortured with 18 methods.

3.6. Presenting complaints

There were about 31 presenting complaints. Most frequent complaints were chest pain (25 victims), headache (16), impaired hearing (7), backache (5), impaired vision (5), pain in the soles (4).

Fifty-two percent of the victims had only a single complaint whereas 48% had multiple complaints.

All the significant complaints were further investigated by referring them to appropriate consultants. However, only 18 victims had residual after effects.

3.7. Residual effects

There were five victims with nail deformities, which had been caused by traumatic removal of nails with scissors and pliers. There was a depressed skull fracture and fracture metacarpal bone and a clavicle. There were joint deformi-

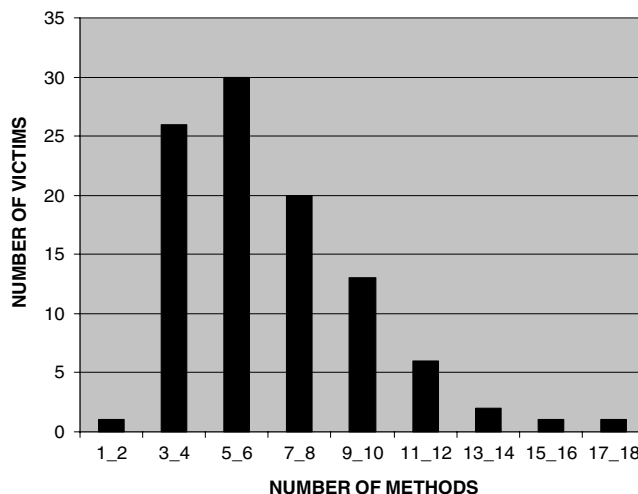


Fig. 3. Distribution of the number of torture methods.

ties in the fingers in four cases. Five victims had fractured teeth. One person had Bell's palsy.

4. Discussion

This study was done on the case records of the victims of torture referred to the Office of the Judicial Medical Officer, Colombo for medico-legal examination. The singular objective of the judges, who had referred them, was to know whether the 'detainees' were tortured as claimed. It was very clear from the outset that the treatment of the victim was not an issue. The victim also had one expectation, which was to obtain a report from the doctor confirming their claim. We, as forensic medical doctors, did not have necessary expertise to do a psychological evaluation. Neither, did we have the services of psychiatrists, who were fully committed to forensic psychiatry, to refer all our cases for psychiatric evaluation as a routine. Therefore, we placed more emphasis on the physical evidence to reach conclusions.

It is needless to say that this state of affairs is not acceptable today. After the first scientific study on torture, done in early nineties, objectives of examination have shifted from documentation to treating health problems.³ Focus of examination thus changed because doctors realized that torture could cause serious medical problems for the victims.

This study showed that young males were more prone to get arrested on suspicion of terrorist activities compared to females and the old. It is understandable as the majority of members of terrorist organizations are males and the young. Hence, there is a logical reason for the armed forces and law enforcement authorities to suspect more males and the young for terrorism and its related activities. However, Moisaner and Edston found 43% females among Ugandan torture victims in a comparison study done among victims of torture from six countries.⁴

Why they were arrested and whether they were members of a particular terrorist organization were not mentioned in our records. It also was not important for the doctor to give his opinion. The fact that it was not mentioned showed that the doctor was objective in his assessment and he could not be prejudiced by victim's political affiliations.

This study showed that there was a marked time lag between infliction of torture and examination in majority of cases. Surely, this should have caused victims to forget certain aspects of the episodes of torture such as date and time and instruments used. Therefore, there is a likely chance that this study might have been affected somewhat due this reason.

There were 68 different methods of torture used. Both pliable and not pliable blunt weapons had been used more than any other weapon or instrument. Nevertheless, the frequency was not 100% as in many other studies. The assortment of blunt objects used represented the things available in the vicinity, where the torture had taken place.

They included rifle butts, wicket stumps, wooden poles, chair and table legs, broom sticks, iron rods, wires, cords, coir ropes, etc. However, some of these instruments like cement or sand filled PVC pipe and dried 'bull's penis' were made for the sole purpose of torture. The former was reported very rarely in other studies as lead filled PVC pipe while the latter has never been reported in the literature to my knowledge. Sand or cement filled PVC pipe has an outer smoothness with superior strength. It can cause severe internal bruises with no skin abrasions. Bull's penis is obtained from the butcher and dried under the sun. It is long and pliable and can be used as a whip.

Classical methods of torture like 'falaka', 'submarino', electric torture, burning with lighted cigarettes had also been used. However, 'falaka' and 'electric torture' were not commonly seen in this study as in others. Falaka was used only in 13% of victims in our study whereas 79% of Bangladeshi victims were subjected to this.⁴ Moisaner and Edston found 65% of their victims being tortured this way.⁴

Electric torture was seen only in 8% of victims. Peel also found only a few complained of any torture with electricity in his study on Sri Lankan Tamil torture victims.⁵ They were very common in countries like Bangladesh, Syria, Iran and Turkey.⁴ Although in other studies burning with hot water was seen fairly frequently⁶ only a single victim was tortured with hot water in this study. Although 1/10 of victims were branded with heated objects no body could identify the object as they were blind folded. However, 30% of Bangladeshi victims claimed specifically that they were branded with hot iron. Burning with hot molten polythene was seen more often than in other studies.^{4,6} Burning with lighted cigarette was seen in more than half of the victims but it still was not much compared to Bangladeshi victims, 70% of whom had been burned with cigarettes.⁴

Another curious method of torture found in this study was assault on the head with a book placed on the vertex. The reason of keeping the book was to minimize the bruising of the scalp. Although 'submarino' was seen in quarter of victims it was done only in clean water and not in polluted water. Most of the time torture had taken place in remote areas far away from cities, where toilet facilities with commodes are a luxury.

"Plastic bag suffocation" or 'dry submarino' was also used frequently, almost in a half. Even Peel found that more than a quarter of his subjects described this torture method.⁵ In this study two victims claimed that they developed increased pigmentation under the eyes after this particular torture but it was not seen on the other victims, who claimed to have undergone the same.

However, this was not even mentioned in some of the other studies.^{4,6} At the same time, a few of the torture methods described in those were not seen with this study such as 'roller' and 'water treatment'.^{4,6}

Sharp cutting weapons, which included only razor blades and knives, were used on almost in a quarter in this

study. When it was very frequent in countries like Bangladesh, in Iran and Turkey it was rather rare.^{4,6} The variety of weapons also differed. In Bangladesh, they comprised of knives, axes, razor blades, bayonets, swords and shards of broken glass.⁶

Almost 2/3 of victims in this study were subjected to a variety of hanging. A special kind of suspension, blasphemously called 'dharmachakra' or 'the chicken' or 'parrot perch' was seen with 1/6 of the victims but it was not even mentioned in some of the other studies. Although 'Palestinian Hanging' was seen in 13% of cases no victim had complained of chronic pain in the shoulders, which is a known sequelae of this kind of suspension.

Some of the methods had been used less frequently but had a certain local flavour such as application of methyl salicylate balm on the glans penis, forced into bag full of dried chillis, chili powder sprinkled on the genitals and eyes, burned with mosquito coils, chili power inserted into rectum via a pipe, burned with firewood, stapling the fingers, etc. This shows that the torturers use materials available around them as torture instruments. What is important is that although they may be rare they can be unique to a country or a region. Dried chili is an essential ingredient in Sri Lankan cooking hence it is available everywhere. Mosquito coils are burned almost in every household in Sri Lanka every night to get rid of mosquitoes. A particular brand of methyl salicylate cream is so popular in Sri Lanka that it is kept as a personal item in the pockets and hand bags. Firewood is still the major source of energy in remote villages.

Well-documented methods such as closing the drawer with genitals in it, removing nails with pliers or scissors, pin insertion under the nail bed, foreign bodies in the urethra and rectum had also been used but to a negligible extent.

Apart from one single episode involving a female victim there was no allegation of sexual abuse by both male and female victims. However, Peel and Salinsky in their study claimed that a quarter suffered sexual abuse in their sample of 49 subjects.⁶ In fact, 17% of victims who had been detained in the north of Sri Lanka gave histories of being raped by soldiers.⁵ They also say that sexual abuse of males happened regularly.⁵ Moinsder and Edston also found fair number of allegation of rape in their study.⁴ Edston has found outright rape both anal and vaginal in nearly a third of his study group of Bangladeshi refugees.⁶ The reasons for not seen sexual torture in this study may be explained by several reasons such as fault of the interview technique, few females in our sample, not willing to tell about sexual torture by victims, etc.

Methods of torture vary from country to country and sometimes from region to region. The doctor, who is given the responsibility of examining a torture victim for reporting, should be able to address the different ways of torture and different medical consequences of it.² That is why the study and systematic documentation of torture with dissemination of the knowledge among experts in the field all over the world is important.

An understandable drawback of this kind of study is that the victims may not tell us about all methods of torture used on them. There may be several reasons for that. Sometimes a victim may not consider a certain type of ill treatment as torture as it is accepted in his culture as an acceptable punishment. Sometimes there may be suppression in the mind of the victim about certain types of torture. The victim may also think that what he or she has already told the doctors is more than enough for his purpose, which is getting a report confirming torture. Sometimes what the victim tells is not true.³ Therefore, when examining a torture victim it should be remembered not to rely on victim's information as a sole basis of physical examination.³

As expected residual damages were seen only with 18% of victims, which indicated that the torturers were professionals, who had understood what was expected from them. Maximum pain without causing death or serious harm to the victim seemed to be the objective.

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